DR-2 Disclosure Summary Page

Iowa Medical Lea	dership PAC]	Status:	Filed
Committee Type:	Iowa PAC			Statutory Due Date	1/19/2009
County:	NA		1	Adjusted Due Date	1/20/2009
District:	0		1	Filed Date	1/19/2009 9:53:06 AM
Committee Code:	9784		1	Postmark Date	
Political Party:	Not Available			Amendment Date	
Report Date:	2008	Candidate Name:			

Treasurer

Last Name: Mulkey, M.D.	First Name:	Mark	MI: W		
Address: 250 S Crescent Dr					
City: Mason City	State: IA	Zip Code:	50401	Phone: 641-4	22-6680
E-Mail: mmulkey@mcclinic.com					

Chairperson

Last Name: Armstrong	First Name:	Dale	MI:	
Address: 250 S Crescent Dr				
City: Mason City	State: IA	Zip Code:	50401	Phone: 641-422-6850
E-Mail: darmstrong@mcclinic.com				

Statement of Cash On Hand

Cash on Hand at Start of Period	\$0.00
Schedule A: Cash Contributions Total	\$0.00
Schedule F1: Loans Received Total	\$0.00
Schedule H2: Campaign Property Sales	\$0.00
Sub-Total	\$0.00
Schedule B: Expenditure Total	\$0.00
Schedule F2: Cash Loan Repayments	\$0.00
Cash on Hand at End of Period	\$0.00

Additional Assets and Liabilities

Loans in Place at Start of Period	\$0.00
Schedule D: Unpaid Bills	\$0.00
Schedule E: In-Kind Contributions	\$0.00
Schedule F2: Forgiven Loans	\$0.00
Schedule F2: Outstanding Loans	\$0.00
Schedule G: Consultant Breakdown	No
Schedule H1: Campaign Property Value	\$0.00